

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1
Updated: 01/24/2007
Printed: 08/26/2009
WFI Printed For: On-Demand
Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 03160 V	2. SYSTEM NAME ARTONDALE WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
-----------------------------	--	---------------------	---------------	-----------------

6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN ^{Chief Ops. Officer} [OPERATIONS-MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212 TITLE: OWNER CONTACT
---	--	--

STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375
---	---

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	579,000

--- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES ---

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 03160 V	2. SYSTEM NAME ARTONDALE WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
-----------------------------	--	---------------------	---------------	-----------------

15	16	17	18										19	20	21						22	23	24					
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT						DEPTH		SOURCE LOCATION					
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL A ARTONDALE		X												X	X							165	70	NE NW	24	21N	01E
S02	WELL B ARTONDALE		X												X	X							160	30	NE NW	24	21N	01E
S03	InAct 09/01/1995 WELL #3 CANTA RANA		X										X			X							350	350	SW NW	24	21N	01E
S04	WELL A/BAYVIEW			X									X		Y	X							215	220	SE SW	24	21N	01E
S05	WELL B/BAYVIEW			X									X		Y	X							249	50	SE SW	24	21N	01E
S06	WELL A/PINECREST			X									X		Y		X						298	150	SE SE	23	21N	01E
S07	WELL B/PINECREST			X									X		Y		X						405	170	SE SE	23	21N	01E
S08	InAct 08/12/1992 WELL #8 HIDDEN RIDGE		X											X		X							200	280	SE SE	23	21N	01E
S09	WELL #9 TANK SITE		X										X		Y		X						405	225	SE NE	23	21N	01E
S10	WELL #10 SWANSON		X										X		Y		X						364	390	NW SE	23	21N	01E
S11	WELL #11 WESTPARK		X											X	X								243	258	NW SW	24	21N	01E
S12	WELL #12 CROMWELL		X											X	X								185	25	NW SE	25	21N	01E
S13	WELL #13 SEAFOX		X											X	X								230	250	NW SE	25	21N	01E
S14	WELL #14 LOCKER RD.		X											X	X								265	25	NE NE	22	21N	01E
S15	WELL #15 CEDAR HAVEN		X											X	X								180	20	SW SE	24	21N	01E
S16	InAct 05/19/1997 WELL MADRONA		X										X		Y		X						380	360	NW NE	23	21N	01E
S17	BAYVIEW A & B			X									X		Y	X							215	270	SE SW	24	21N	01E
S18	PINECREST A & B			X									X		Y		X						298	320	SE SE	23	21N	01E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 03160 V	2. SYSTEM NAME ARTONDALE WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
------------------------------------	---	----------------------------	----------------------	------------------------

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	1437	1669
A. Full Time Single Family Residences (Occupied 180 days or more per year)	<u>1437</u>		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		1437	1669

29. FULL-TIME RESIDENTIAL POPULATION													
A. How many residents are served by this system 180 or more days per year? <u>3593 4448</u>													

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	4	4	4	4	4	4	4	4	4	4	4	4

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____
 PRINT NAME: _____ TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2

Updated: 06/29/2001

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

ONE FORM PER SYSTEM

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 45061 H	2. SYSTEM NAME CASCADE HIGHLANDS	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
-----------------------------	-------------------------------------	---------------------	---------------	-----------------

6. PRIMARY CONTACT NAME & MAILING ADDRESS Chief Ops Officer BOB BLACKMAN [OPERATIONS-MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448 TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12)	
<input type="checkbox"/> Owned and Managed	SMA NAME: _____ SMA Number: _____
<input type="checkbox"/> Managed Only	
<input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association	9,000
<input type="checkbox"/> County	
<input checked="" type="checkbox"/> Investor	
<input type="checkbox"/> City / Town	
<input type="checkbox"/> Federal	
<input type="checkbox"/> Private	
<input type="checkbox"/> Special District	
<input type="checkbox"/> State	

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RAINNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1		X										X				X						123	30	NE SW	24	19N	05E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 45061 H	2. SYSTEM NAME CASCADE HIGHLANDS	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
------------------------------------	--	----------------------------	----------------------	------------------------

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	32	38
A. Full Time Single Family Residences (Occupied 180 days or more per year)	32		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		32	38

29. FULL-TIME RESIDENTIAL POPULATION
 A. How many residents are served by this system 180 or more days per year? 80

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2

Updated: 11/28/2006

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 59609 5	2. SYSTEM NAME CHATEAU WOODS	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
-----------------------------	---------------------------------	---------------------	---------------	-----------------

6. PRIMARY CONTACT NAME & MAILING ADDRESS ROBERT BLACKMAN ^{Chief Ops officer} [MANAGER] PO BOX 44427 TACOMA, WA 98444 8	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448 TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: SMA Number: <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.):

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	37,000

15	16	17	18										19	20	21					22	23	24						
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT					DEPTH		SOURCE LOCATION						
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1 ABA848				X								X			Y		X					66	100	NE NE	20	18N	04E
S02	WELL #2 ABA826				X								X			Y		X					63	60	NE NE	20	18N	04E
S03	WELLS # 1,2			X									X					X					66	160	NE NE	20	18N	04E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 59609 5	2. SYSTEM NAME CHATEAU WOODS	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
------------------------------------	--	----------------------------	----------------------	------------------------

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	71	72
A. Full Time Single Family Residences (Occupied 180 days or more per year)	2169		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		71	72

29. FULL-TIME RESIDENTIAL POPULATION													
A. How many residents are served by this system 180 or more days per year? 178													

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2

Updated: 11/28/2006

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 29345 M	2. SYSTEM NAME GREENBRIAR WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
-----------------------------	---	---------------------	---------------	-----------------

6. PRIMARY CONTACT NAME & MAILING ADDRESS <div style="text-align: right; margin-right: 20px;">Chief Ops Officer</div> BOB BLACKMAN [MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448 TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	12,000

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1 ABA696		X										X			Y	X						254	45	NW NE	10	21N	01W
S02	UNAPPROVED SPRING									X					X		X							0			00N	00E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 29345 M	2. SYSTEM NAME GREENBRIAR WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
------------------------------------	--	----------------------------	----------------------	------------------------

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	16	Unapproved
A. Full Time Single Family Residences (Occupied 180 days or more per year)	16		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
28. TOTAL SERVICE CONNECTIONS		16	

29. FULL-TIME RESIDENTIAL POPULATION	
A. How many residents are served by this system 180 or more days per year?	33

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2
Updated: 11/28/2006
Printed: 08/26/2009
WFI Printed For: On-Demand
Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 77147 E	2. SYSTEM NAME HENDERSON BAY WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
-----------------------------	--	---------------------	---------------	-----------------

6. PRIMARY CONTACT NAME & MAILING ADDRESS ROBERT BLACKMAN <i>Chief Ops Officer</i> [MANAGER] PO BOX 44427 TACOMA, WA 984448	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212 TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	0

15	16	17	18												19	20	21					22	23	24						
SOURCE NAME	INTERTIE	SOURCE CATEGORY	USE	TREATMENT	DEPTH	CAPACITY	SOURCE LOCATION																							
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	WELL IN A WELL FIELD	
S01	WELL 1 AEF324		X																											
S02	WELL 2 ABE925		X																											

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 77147 E	2. SYSTEM NAME HENDERSON BAY WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
------------------------------------	---	----------------------------	----------------------	------------------------

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	22	22
A. Full Time Single Family Residences (Occupied 180 days or more per year)	22		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		22	22

29. FULL-TIME RESIDENTIAL POPULATION
 A. How many residents are served by this system 180 or more days per year? 55

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2

Updated: 05/13/2004

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 50225 H	2. SYSTEM NAME MUCK CREEK HILL WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
-----------------------------	--	---------------------	---------------	-----------------

6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN ^{Chief Ops Officer} [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212 TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@rainierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	600

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL # A				X								X				X						173	39	SE NE	36	18N	03E
S02	WELL # B				X								X				X						262	50	SE NE	36	18N	03E
S03	WELLS A,B			X									X				X						173	50	SE NE	36	18N	03E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 50225 H	2. SYSTEM NAME MUCK CREEK HILL WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
------------------------------------	---	----------------------------	----------------------	------------------------

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	16	16
A. Full Time Single Family Residences (Occupied 180 days or more per year)	16		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		16	16

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 40

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2
Updated: 06/25/2001
Printed: 08/26/2009
WFI Printed For: On-Demand
Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 06081 Y	2. SYSTEM NAME NELSON RIDGE WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
-----------------------------	---	---------------------	---------------	-----------------

6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN ^{Chief Ops Officer} [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448 TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	40,000

15	16	17	18												19	20	21				22	23	24					
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT				DEPTH		SOURCE LOCATION					
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL		X										X			Y		X					70	70	NW NE	35	19N	03E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 06081 Y	2. SYSTEM NAME NELSON RIDGE WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
------------------------------------	--	----------------------------	----------------------	------------------------

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	39	32
A. Full Time Single Family Residences (Occupied 180 days or more per year)	28 + 1		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		39	32

29. FULL-TIME RESIDENTIAL POPULATION	
A. How many residents are served by this system 180 or more days per year?	85 103

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

35. Reason for Submitting WFI:

☐ Update - Change
 ☐ Update - No Change
 ☐ Inactivate
 ☐ Re-Activate
 ☐ Name Change
 ☐ New System
 ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____